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## Case 28-2015: A Man with Febrile Symptoms after Traveling from Liberia

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### To the Editor

In the Case Record discussed by Biddinger et al. (Sept. 10 issue),<sup>1</sup> the authors describe the care of a febrile traveler who was returning from an area in which malaria is highly endemic and who was considered to be in the “low (but not zero) risk category” for Ebola virus disease (EVD).<sup>2</sup> Modifications made to safely assess the patient for EVD are reported, including the use of only a rapid diagnostic test to diagnose malaria. The Centers for Disease Control and Prevention (CDC) recommends immediate microscopy of thin and thick blood smears for the diagnosis of malaria, which can be safely performed by observing precautions against the transmission of EVD.<sup>3</sup> Diagnosis by means of microscopy allows for the identification of species and the quantification of parasitemia, both of which are needed to determine the most appropriate treatment. Microscopy must always be performed after a rapid diagnostic test in order to confirm the result and obtain this additional information.<sup>4</sup> The patient discussed could have had undiagnosed hyperparasitemia, which requires parenteral therapy. In addition, without identifying the species by means of microscopy or polymerase chain-reaction assay, the authors may have missed a mixed infection, which could have been treated with primaquine, thereby preventing a 6-week relapse. Correct determination of the initial infecting species is preferred over the reliance on knowledge of the geographic distribution of species that cause relapsing malaria and the use of empirical therapy with primaquine.

### References

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No potential conflict of interest relevant to this letter was reported.